CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION PROCUREMENT SERVICES DIVISION

AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION,

BID/RFP NUMBER:	1544	DATE: 2/15/05

This affidavit of compliance will be the contractor's sworn statement that facilities identified on this form are responsible manufacturers as defined in the Milwaukee Code of Ordinances 317-10 sub. 2-d.

Contractors shall procure and submit sworn reports or affidavits <u>from every</u> <u>subcontractor employed by the contractor</u> during the specified time period of the contract for the fulfillment of contracts covered under this section.

In the event that any information provided by the contractor or subcontractor changes during the specified time period of the contract, the contractor shall submit or cause to be submitted to the purchasing director sworn reports or affidavits relating to the updated information.

A. Below, provide the name and address of the companies and facilities in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP
PAUL CONWAY SAIELDS	14100 W. GEVELAND A	NEW BERLEW	WI	53151
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B. Below, provide the names and address of all owners of the facilities in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP
PAUL CONWAY	3411 S. 95 ST	MILWAUKER	WI	53227
			,	

C. Below, provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned.

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17. Further, I understand that any false statement on these forms could result in:

- ▶ Withholding of payments.
- ► Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above:

AUTHORIZED SIGNATURE:

PRINTED NAME:

PRINTED NAME:

Personally came before me on this

Personally came before me on this

(he/she)

CAR/CS PA/BC/O

who acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

(SEAL)

AWA M. B. M. B.

My commission expires: 10-23 05

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In the event that any information specified time period of the	nation provided to e contract, the co	by the contractor or sontractor shall subm	subcontractor changes during the it or cause to be submitted to the

A. Below, provide the name and address of the companies and facilities in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned (attach additional sheet, if necessary):

purchasing director sworn reports or affidavits relating to the updated information.

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR		ADDRESS	DDRESS CITY		ZIP	
Weinbrenner	Shoe Co., Inc.	108 S. Polk St.	Merrill	WI	54452	
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B. Below, provide the names and address of all owners of the facilities in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP
Lance Nienow	108 S. Polk St.	Merrill	WI	54452
David Gisselman	108 S. Polk St.	Merrill	WI	54452
John Henson	108 S. Polk St.	Merrill	WI	54452
				Andrews of the angular semantic description of the semantic semant

C. Below, provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned.

BASE HOURLY WAGE: \$ 10.57	PERCENTAGEOF WAGE LEVEL PAID AS HEALTH BENEFITS:
	30 %

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17. Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above:

AUTHORIZED SIGNATURE: Dan Junellian
PRINTED NAME: David Gisselman
COMPANY NAME: Weinbrenner Shoe Co., Inc.
是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就
Personally came before me on this 15th day of February , 20 05
(he/she) David Gisselman who acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.
(SEAL) NOVARY PUBLIC SIGNATURE
Lonn Lau PRINT NAME
My commission expires: January 18, 2009

Feb 03 05 04:34p

Paul Conway Shields

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CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION PROCUREMENT SERVICES DIVISION

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AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION

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8. Below, provide the apparel have been additional sheet, if		address of a anufactured,	l owners of the fa	acilities in which	n the ite aned (a	ems of attach
NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	and the second s	CITY	STATE		ZIP
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C.	Below, provide for persons wo	the base hour	y wage and th	e percent of was	ge level paid as healt	nonofite
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\$1.25				PERCENTAGES BENEFITS:	F WAGE LEVEL PAID A	S WEALTH
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f =				5.5%	_	
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